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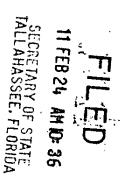
(Requestor's Name)
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D. BRUCE FEB 2 5 2011

EXAMINER

COVER LETTER

TQ: Registration Section Division of Corpora				
_{SUBJECT:} Centers	For Body C	ontouring LLC		
50M501.	····	ed Liability Company		
The enclosed Articles of Organ	nization and fee(s) are	submitted for filing.		
Please return all corresponden	ce concerning this matt	er to the following:		
Tim Reed				
		Name of Person		_
Forever Tri	n			
		Firm/Company	, , , , , , , , , , , , , , , , , , , ,	
7890 Peter	s Road G	109		
		Address		_
Plantation, FL 3	3324			
	_	y/State and Zip Code	ALI SE	_ =
tim@beforever		or future annual report notification)	A 200	
For further information concer	•	•		B 24 AMD
			2 CRIDA	至 门
Tim Reed		at (954) 577-7772) LOAN (
Name of Person	n	Area Code & Daytime Telep	phone Number	y
Enclosed is a check for the	following amount:			
\$125.00 Filing Fee \$13 Ce	0.00 Filing Fee & rtificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	~
Reg Div	iling Address istration Section ision of Corporations . Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	RTI	CI	\mathbf{F}	T.	N ₂	me

The name of the Limited Liability Company is:

Centers For Body Contouring LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

7890 Peters Road	7890 Peters Road
G-109	G-109
Plantation, FL 33324	Plantation,FL 33324
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the relation Lee Weiss	ered Agent. You must designate an individual or another
Name	rn →
1328 South Oce	ean Drive Sess (P.O. Box NOT acceptable) 22216
Florida street addr	ress (P.O. Box NOT acceptable)
Fort Lauderdale,	FL 33316
City, Stat	e, and Zip
liability company at the place designated in th	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all

statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR'	' = Manager	Name and Address:	
"MGRI	M" = Managing Member		
MGRM		Tim Reed	
		7890 Peters Road G-109	
		Plantation, FL 33324	
MODI			
MGRI	<u>M</u>	Lee Weiss	
		1328 South Ocean Drive	
		Fort Lauderdale, FL 33316	
			
(Use at	tachment if necessary)		
`			
ARTICLE V:	Effective date, if other than the	date of filing: (OPTIO	NAL)
(If an effective	date is listed, the date must be	e specific and cannot be more than five business	days prior
to or 90 days af	fter the date of filing.)		
PROT			
<u>REQU</u>	<u>IRED</u> SIGNATURE:		
	. //		
		()X/Som	
	Signature of a membe	r or an authorized representative of a member.	Z _C
	•	•	- E
		.408(3), Florida Statutes, the execution of this document	
	I am aware that any false inform	the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State	AS IA
	constitutes a third degree felony	as provided for in s.817.155, F.S.)	45 45 4

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Lee Weiss

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee